

Payment and Remittance Advice (RA) Changes



Payment and Remittance Advice (RA) Changes

- What are the changes?
- Who does it affect and when?
- What actions do providers need to take?
- Where will providers find payment information?

Payment and RA Changes *continued*

- **What are the changes?**
 - Electronic Funds Transfer (EFT)
 - Electronic RAs/e!SORs
- **Who does it affect and when?**
 - All new providers effective July 1, 2013
 - Providers who receive paper **and** electronic RAs will receive only electronic as of October 1, 2013.
 - All existing providers transitioned by January 1, 2014

Payment and RA Changes *continued*

- **What action do providers need to take?**
 - For providers receiving:
 - Paper checks & paper RAs
 - Trading Partner Agreement (TPA) & Direct Deposit form
 - Register on the web portal
 - EFTs & paper RAs
 - TPA form only unless previously submitted
 - Register on the web portal if not already
 - EFTs, e!SORs, and paper RAs
 - Paper RAs will go away
 - Register on the web portal if not already
 - EFTs & e!SORs
 - No changes needed!

[New Provider Enrollment
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Montana Medicaid

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Montana Medicaid Provider Information

What's New on the Website This Week

Web Postings

A list of the [documents posted](#) to the provider website for the current week.

Announcements

Update on EFT and Electronic RA Requirements

Medicaid providers who enrolled after July 1, 2013, were required to register for electronic funds transfer (EFT) payments and electronic remittance advices (RAs), mirroring the Medicare policy.

Medicaid providers who registered prior to July 1, 2013, will also be required to register for EFT and electronic RAs; however, those providers will be transitioned over the coming months. Further information on the final transition date will be forthcoming.

In addition, Social Security numbers are no longer to be used on the RAs. Instead, the Medicaid member's card ID number will be used. The current provider enrollment forms reflect the policy change. Provider Relations will monitor enrollment applications for paper RA requests and notify affected providers regarding the change.

For more information about the requirements and the transition process, see the September 2013 issue of the [Claim Jumper](#). If you have questions, please contact Provider Relations at 1.800.624.3958.

Fall 2013 Provider Training

In addition to September WebEx sessions, DPHHS programs and Xerox will hold on-site presentations in Kalispell, Butte, and Billings during October. See the [Training](#) page for agenda and registration information.

[Provider Referral Fax Form for Team Care \(01/2008\)](#)

[Private Duty Nursing Authorization Request for Agencies \(01/2008\)](#)

[Private Duty Nursing Authorization Request for Schools \(01/2008\)](#)

[Provider Enrollment](#)

Links to the Provider Enrollment page and current enrollment forms and information.

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[Forms R-Z \(08/2013\)](#)

[School-Based Services CSCT Audit Checklist 10/2005](#)

[School-Based Services Personal Care Paraprofessional Child Profile \(08/2003\)](#)

[School-Based Services Personal Care Paraprofessional Task/Hour Guide \(08/2003\)](#)

[Sterilization Form \(09/1998\)](#)

[Team Care Referral Form \(05/2009\)](#)

[Team Enrollment/Re-Enrollment \(CSCT\) \(04/2013\)](#)

[TPL Blanket Denial Request \(07/2012\)](#)

[Trading Partner Agreement \(08/2013\)](#)

[UB-04 CMS-1450 Claim Form \(03/2007\)](#)

[Well Child Screen Recommendations \(12/2005\)](#)

[W-9 Form \(05/2012\)](#)

This is the version (Rev. 12/2011) approved for use.

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ACS EDI Gateway Trading Partner Agreement

THIS TRADING PARTNER AGREEMENT ("Agreement") is by and between **SUBMITTER** ("Submitter") and **ACS EDI GATEWAY, INC.** ("Trading Partner"), collectively "the Parties."

Whereas, Submitter desires to transmit Transactions to Trading Partner for the purpose of submitting data to a Health Plan;

Whereas, Trading Partner desires to receive such Transactions for this purpose recognizing that Trading Partner performs such services on behalf of the Health Plan; and

Whereas, Submitter is subject to the Transaction and Code Set Regulations with respect to the transmission of such Transactions.

Now, therefore, the Parties agree as follows:

1. Definitions

Trading Partner means ACS EDI Gateway, Inc. Submitter means the party identified as "Submitter" on the signature line of this Agreement who is a Health Care Provider as defined in 45 CFR 164.103. Standard is defined in 45 CFR 160.103. Transaction is defined in 45 CFR 160.103. Transactions and Code Set Regulations means those regulations governing the transmission of certain health claims transactions as published by DHHS under HIPAA.

2. Obligations of the Parties Effective Upon Execution of this Agreement by Submitter

- A. The Parties agree, in regard to any electronic Transactions between them:
 - (1) They will exchange data electronically using only those Transaction types as selected by Submitter on the ACS EDI Gateway Trading Partner Enrollment Form (TPEF).
 - (2) They will exchange data electronically using only those formats (versions) as specified on the TPEF.
 - (3) They will not change any definition, data condition, or use of a data element or segment in a Standard Transaction they exchange electronically.
 - (4) They will not add any data elements or segments to the Maximum Defined Data Set.
 - (5) They will not use any code or data elements that are not in or are marked as "Not Used" in a Standard's implementation specification.
 - (6) They will not change the meaning or intent of a Standard's implementation specification.
 - (7) Trading Partner may reject a Transaction submitted by Submitter if the Transaction is not submitted using the data elements, formats, or Transaction types set forth in the TPEF. Trading Partner may refuse to accept any claims from Submitter if Submitter repeatedly submits Transactions which do not meet the criteria set forth in a TPEF or if Submitter repeatedly submits inaccurate or incomplete Transactions to Trading Partner.
- B. Submitter understands that Trading Partner or others may request an exception from the Transaction and Code Set Regulations from DHHS. If an exception is granted, Submitter will participate fully with Trading Partner in the testing, verification, and implementation of a modification to a Transaction affected by the change.
- C. Trading Partner understands that DHHS may modify the Transaction and Code Set Regulations. Trading Partner will modify, test, verify, and implement all modifications or changes required by DHHS using a schedule mutually agreed upon by Submitter and Trading Partner.
- D. Neither Submitter nor Trading Partner accepts responsibility for technical or operational difficulties that arise out of third party service providers' business obligations and requirements that undermine Transaction exchange between Submitter and Trading Partner.
- E. Submitter and Trading Partner will exercise diligence in protection of the identity, content, and improper access of business documents exchanged between the two parties. Submitter and Trading Partner will make reasonable efforts to protect the safety and security of individually assigned identification numbers that are contained in transmitted business documents and used to authenticate relationships between the parties.
- F. Trading Partner may publish data clarifications ("ACS Companion Guides") to complement each Implementation Guide. Submitter should use ACS Companion Guides in conjunction with the HIPAA Implementation Guides available at <http://www.wpc-edi.com/hipaa>.
- G. Transactions are considered properly received only after accessibility is established at the designated machine of the receiving party. Once transmissions are properly received, the receiving party will promptly transmit an electronic

acknowledgment that conclusively constitutes evidence of properly received transactions. Each party will subject information to a virus check before transmission to the other party.

- H. Each party will implement and maintain appropriate policies and procedures and mechanisms to protect the confidentiality and security of PHI transmitted between the parties.

3. Miscellaneous

- A. This Agreement is effective on the date last signed below. This Agreement shall continue until such time as either party elects to give written notice of termination to the other party or termination of Transaction services provided by Trading Partner to Submitter, whichever is earlier.
- B. This Agreement incorporates, by reference, any written agreements between the parties relating to the subject matter hereof.
- C. This Agreement shall be interpreted consistently with all applicable federal and state privacy laws. In the event of a conflict between applicable laws, the more stringent law shall be applied. This Agreement and all disputes arising from or relating in any way to the subject matter of this Agreement shall be governed by and construed in accordance with Montana law, exclusive of conflicts of law principles. THE EXCLUSIVE JURISDICTION FOR ANY LEGAL PROCEEDING REGARDING THIS AGREEMENT SHALL BE IN THE COURTS OF THE STATE OF MONTANA AND THE PARTIES HEREBY EXPRESSLY SUBMIT TO SUCH JURISDICTION.
- D. Unless otherwise prohibited by statute, the parties agree that this Agreement shall not be affected by any state's enactment or adoption of the Uniform Computer Information Transaction Act, Electronic Signature or any other similar state or federal law. Each party agrees to comply with all other applicable state and federal laws in carrying out its responsibilities under this Agreement.
- E. This Agreement is entered into solely between, and may be enforced only by, Submitter and Trading Partner. This Agreement shall not be deemed to create any rights in third parties or to create any obligations of Submitter or Trading Partner to any third party.
- F. NO WARRANTIES, EXPRESS OR IMPLIED, ARE PROVIDED BY TRADING PARTNER UNDER THIS AGREEMENT. TRADING PARTNER'S MAXIMUM AGGREGATE LIABILITY FOR DAMAGES FOR ANY AND ALL CAUSES WHATSOEVER ARISING OUT OF THIS AGREEMENT, REGARDLESS OF THE MANNER IN WHICH CLAIMED OR THE FORM OF ACTION ALLEGED, IS LIMITED TO THE AMOUNT(S) PAID TO TRADING PARTNER BY SUBMITTER UNDER THIS AGREEMENT.
- G. Trading Partner may provide proprietary software to Submitter to allow Submitter to submit Transactions to Trading Partner. Submitter will protect the software as it protects its own confidential information and will not, directly or indirectly allow access to or the use of the software or any portion thereof, on any computer, server, or network, by any person, corporation, or business entity other than Submitter. Submitter may permit use of the software by contractors or agents of Submitter provided that any such contractors or agents are not competitors of Trading Partner and further provided that any such persons agree to protect the confidentiality of the software. Submitter and its contractors and agents are not permitted to use the software for any purpose other than submitting Transactions solely to Trading Partner.
- H. This Agreement contains the entire agreement between the parties and may only be modified by an agreement signed by both parties.
- I. Submitter may elect to execute either a hard copy or an electronic copy of this Agreement. Hard Copy Execution: Submitter will sign a hard copy of this Agreement and mail to Trading Partner at the address indicated below. Trading Partner will return a copy of the fully executed Agreement to Submitter. The effective date of the hard copy Agreement is the date on which the Agreement is signed by Trading Partner. Electronic Copy Execution: Submitter should execute this Agreement by clicking on the "I AGREE" button that appears at the bottom of the Agreement. The effective date of the electronic copy agreement is the date Trading Partner receives the electronic transmission of Submitter's acceptance to the terms of this Agreement.

SUBMITTER:

Provider/Trading Partner ID: _____

(For Pharmacies Only)

NCPDP ID _____

Other Pharmacy ID Type _____

Other ID Number _____

Signature _____

Printed Name and Title _____

Date _____

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[Online Enrollment Tutorial](#)
[Online NPI Reenrollment Tutorial](#)
[Online Montana Access to](#)

[Abortion Form \(08/1998\)](#)

[Address Correction Form \(03/2013\)](#)

Physical address change must be accompanied by a completed W-9 form.

[Adjustment Request Form \(03/2013\)](#)

[Ambulance Trip Log \(01/2008\)](#)

[Attachment Cover Sheet for Paperwork \(03/2013\)](#)

[Authorization for Health Disclosure \(03/2003\)](#)

[Blanket Denial Request for TPL \(07/2012\)](#)

[UB-04 CMS-1450 Claim Form \(03/2007\)](#)

[CMS-1500 Claim Form 08/05 \(03/2007\)](#)

[CSCT Team Enrollment/Re-Enrollment \(04/2013\)](#)

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Forms D-F (08/2013)

[Dental Claim Form \(11/2007\)](#)

[Dental Emergency Services Form \(01/2008\)](#)

[Dental – Orthodontia HDL Index and Prior Authorization Treatment Plan \(08/2013\)](#)

[Dental Prior Authorization Form \(01/2008\)](#)

[Direct Deposit Sign-Up Form \(08/2012\)](#)

This is the version approved for use. (Rev. 06/1987)

[DME CMN Augmentative Communication Devices \(01/2008\)](#)

[DME CMN Enteral Therapy \(01/2008\)](#)

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for direct deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE <i>(last, first, middle initial)</i>		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS <i>(street, route, P.O. Box, APO/FPO)</i>		E DEPOSITOR ACCOUNT NUMBER	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER		F TYPE OF PAYMENT <i>(Check only one)</i>	
AREA CODE		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other <i>(specify)</i>	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)	
C CLAIM OR PAYROLL ID NUMBER		TYPE AMOUNT	
Prefix Suffix			
PAYEE/JOINT PAYEE CERTIFICATION			
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.			
SIGNATURE		DATE	
SIGNATURE		DATE	
JOINT ACCOUNT HOLDERS' CERTIFICATION <i>(optional)</i>			
I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.			
SIGNATURE		DATE	
SIGNATURE		DATE	

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT
		DEPOSITOR ACCOUNT TITLE		
FINANCIAL INSTITUTION CERTIFICATION				
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.				
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE	

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

Payment and RA Changes *continued*

- **Where do providers find payment information?**
 - Payment/Electronic Funds Transfer info
 - Bank statement/online banking
 - e!SORs
 - Montana Access to Health web portal



ACS EDI Gateway, Inc.
Xerox Business
Services, LLC

EDI Service Center
P.O. Box 4936
Helena, MT 59604

tel 800-987-6719

8/23/2013

Trader Joe
123 Jump Street
Somewhere, MT 55555

Dear Montana Submitter:

Welcome to ACS EDI Gateway, Inc. Below is the information you need to submit your transactions electronically based upon your enrollment selections. To ensure a smooth transition, carefully review all the items in this package. If you find any discrepancies, please call the EDI Service Center at 1-800-987-6719.

Trading Partner Login Information

Trading Partner Category	
Trading Partner Name	Trader Joe
Trading Partner / Submitter ID	7654321
User Name	TPMXXXXXX
Password/User ID	XYZXXXXO
Submission Telephone Number(s)	000-000-0000



It is recommended that all providers register for the provider portal using the Trading Partner ID.

Note: All Vendors, Billing Agents, and Clearinghouses must enroll and test with ACS EDI Gateway prior to submitting production transactions. If you are a provider, please check with your contracted Vendor, Billing Agent, or Clearinghouse regarding their testing status.

The following table includes types of transactions/reports, and if submissions are in production or test. If you have any updates to your EDI information, please contact the EDI Service Center at 1-800-987-6719, press 3.

EDI Services Trading Partner Transaction Profile

Transaction	Description	Production/Test
270 - 5010	Eligibility Inquiry	Production
271 - 5010	Eligibility Response	Production
276 - 5010	Claim Inquiry	Production
277 - 5010	Claim Response	Production
277CA - 5010	277CA Claim Acknowledgement	Production
837P - 5010	837 Professional	Production



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Department of Public Health & Human Services

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Montana Medicaid

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Montana Medicaid Provider Information

What's New on the Website This Week

Web Postings

A list of the [documents posted](#) to the provider website for the current week.

Announcements

Xerox Closed for Holiday and Payment and Remittance Advice Delay

Xerox will be closed Monday, September 2, for Labor Day. Xerox will reopen at 8 am on September 3. Payments and remittance advices will be delayed until Wednesday, September 4, 2013, due to the holiday.

Update on EFT and Electronic RA Requirements

Medicaid providers who enrolled after July 1, 2013, were required to register for electronic funds transfer (EFT) payments and electronic remittance advices (RAs), mirroring the Medicare policy.

Medicaid providers who registered prior to July 1, 2013, will also be required to register for EFT and electronic RAs; however, those providers will be transitioned over the coming months. Further information on the final transition date will be forthcoming.

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For more information about the requirements and the transition process, see the September 2013 issue of the [Claim Jumper](#). If you have questions, please contact Provider Relations at 1.800.624.3958.

Fall 2013 Provider Training

Log In

Welcome to Montana Access to Health Web Portal!

Web Registration

Montana Access to Health Web Portal provides the tools and resources to help healthcare providers conduct business electronically. If you have already registered to use the Montana Access to Health Web Portal, Log In below. If you have already completed a Montana Enrollment Form, but have not yet registered to use the Montana Access to Health Web Portal, click the [Web Registration](#) button on the left side of this page to begin. If you are a new provider or have not already completed a Montana Enrollment Form, visit [Provider Enrollment](#) for step-by-step instructions.

Provider Enrollment

Provider Web
Portal Home

Public Assistance
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EDI

Provider Locator

Log In

Enter your User ID and Password and click 'Log In.' If you do not have a User ID and Password, contact your Office Administrator.

User ID:

Password:

Log In

[Forgot Your Password?](#)

Many documents available through the Montana Access to Health Web Portal are in PDF format. In order to view them, [Adobe Acrobat Reader](#) must be installed on your machine. If it is not, download this program by clicking on the link above.

Log In

Web Portal Registration

Web Registration

Step One - Verification Set Up Process

Provider Enrollment

** denotes required field(s)*

Provider Web
Portal Home

Montana Access to Health Web Portal requires registration for use of its secure functions. Step one is a verification process and step two is the creation/selection of the first Office Administrator (OA) for your organization. This OA will be responsible for managing users within your organization.

Public Assistance
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If you anticipate managing more than one Provider Number, enter the Submitter ID in both the Provider Number and Submitter ID fields. Otherwise, enter your Provider Number in the Provider Number field. Then fill in the other required fields and click 'Continue.' This information will be used for verification purposes only.

Provider Locator

Note : If you are a healthcare provider and you are not managing more than one NPI or Provider Number, only your NPI will be accepted in the 'NPI or Provider Number' field.

* NPI or Provider Number:

* EIN/SSN:

* Submitter ID**:

* Submitter Password:

Continue

Clear Fields

** Submitter ID is the Trading Partner ID

Web Portal Registration

Step One Continued - Confirm Profile

If this is you, click 'Continue.' If this is not you, click 'Re-enter Information.' If any information is incorrect, contact Provider Services to update it at 1-800-624-3958.

Organization: **Provider Name** NPI Number : 1111111111
EIN: 803123123 Submitter ID: 7777777
Address: 34 N Last Chance
Helena, MT
59601



Web Portal Registration

Step One Continued - Add Additional Submitter IDs

The following list displays the Submitter IDs* added to your Montana Access to Health Web Portal organization profile. Only Submitter IDs in your Montana Access to Health Web Portal profile will be used to reference transactions. If additional Submitter IDs need to be entered, enter a Submitter ID and Password and click 'Add.' Repeat as necessary. When the list below represents all of your Submitter IDs, click 'Continue.'

* denotes required field(s)

* Submitter ID:

* Submitter Password:

Add

Clear Fields

Verified Submitter IDs

7777777

Continue

Cancel

* Submitter ID is the Trading Partner ID

Web Portal Registration

Step Two - Create Your First Office Administrator

You must now create your first Office Administrator (OA) by creating a new user or assigning this privilege to an existing user.

An OA will have the authority to create/edit/delete the portal users within your office staff. Every organization must have at least one OA at any given time. If your sole OA is no longer a member of your staff, you must contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958 and have them assign you another OA. It is recommended you make yourself the first OA of your organization.

Select one of the following options:

[Create a new user to be your first Office Administrator.](#)

[Assign an existing user to be your first Office Administrator.](#)

Cancel

Web Portal Registration

Step Two Continued - Create A New User As Your First Office Administrator

Enter the information below to create your first Office Administrator (OA) and click 'Continue.'

Follow the rule below for creating a unique User ID for the first OA in your organization. It is recommended that you create a User ID that can be easily remembered by you and your OA. If the User ID already exists in the Montana Access to Health Web Portal, you will be prompted to create a different User ID.

- A User ID must have a minimum of 6 and a maximum of 14 characters.

** denotes required field(s)*

* User ID:

* Last Name: * First Name:

* E-mail: * Confirm E-mail:

* Phone Number: (i.e. #####)



Continue

Cancel

Clear Fields

Web Portal Registration

Step Two Continued - Confirm Your First Office Administrator

Confirm the information entered for your Office Administrator. If there is an error, click 'Re-enter Information.' If everything is correct, click 'Submit.'

User ID: **puser13**
Last Name: **user**
First Name: **primary**
E-mail: **Brandi.weltz@xerox.com**
Phone Number: **0000000000**



Web Registration Completed

Thank you...

You have successfully registered for Montana Access to Health Web Portal.

Your Office Administrator (OA) contact information is displayed below. [Print a copy](#) for your records. For best results, choose a landscape paper orientation from the print dialog box that appears.

User ID: **puser13**
Last Name: **user**
First Name: **Primary**
E-mail: **Brandi.weltz@xerox.com**
Phone Number: **0000000000**

The Security Privileges only allow this user to perform Office Administrator functions. They do not allow a user to perform any other functions (X12 Uploads, X12 Downloads, and View Client Eligibility). If this OA needs the ability to access other areas of the system, log in and navigate to Update or Remove User. Grant access to the appropriate functions. The new Security Privileges take effect the next time the user logs in. If there is a need to access the new system functions immediately, the user needs to log out and then log back in after successfully submitting the changes.

If your first OA is a new user, an e-mail was sent to him/her with a single use password (which must be changed upon logging in for the first time). If the e-mail address listed above is incorrect, call the Montana Access to Health Web Portal Help Center at 1-800-624-3958 to edit this information and send you a new password. If your first OA is a previously existing user, his/her current password is applicable.

In order to set up other office staff for your organization, your OA should log in from the home page and go to Manage Users.



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Welcome to Montana Access to Health Web Portal!

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Enter your User ID and Password and click 'Log In.' If you do not have a User ID and Password, contact your Office Administrator.

User ID:

Password:

 [Log In](#)[Forgot Your Password?](#)

Many documents available through the Montana Access to Health Web Portal are in PDF format. In order to view them, [Adobe Acrobat Reader](#) must be installed on your machine. If it is not, download this program by clicking on the link above.

Change Password

Your password has expired and must be changed. Passwords automatically expire every 30 days.

To change your password, enter the data below and click 'Submit.' The conditions for creating a password are as follows:

- Passwords must contain no less than eight and no more than fourteen characters.
- Passwords must contain at least one special character (@, #, or \$) in the first seven characters.
- Passwords must not contain your user ID or any part of your full name.
- Your new password cannot be the same as any of your previous three passwords.

Old Password:

New Password:

Confirm New Password:

Submit

Clear Fields

Montana Access to Health Web Portal Home Page

Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current Montana Access to Health Web Portal profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

Site Contents

Inquiries	Submissions	Retrievals	Manage Users	My Access
Eligibility	Upload Files	View/Download Files	Add New User to Organization	My Profile
Claim Status		View eISOR Reports	Add Existing User to Organization	Change Organization
Provider Payment Summary		My Inbox	Update or Remove Users/Reset Password	Change Password
Electronic Health Record			Manage Submitter IDs	Manage Proxies
Ask Provider Relations				
Provider Locator				

ATTENTION PROVIDERS: The Electronic Health Record link has been added to allow you to view your patients' claims medical history. If you need this access and do not have it, please contact your office administrator. E-prescribing is now available. Please contact your office administrator to add prescribing rights to your user account.

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Submitter IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.

View/Download Electronic Statement of Remittance

Select a provider number and click "Submit" to retrieve a list of Electronic Statement of Remittance Report files.

NPI or Provider Number

Submit



View/Download State of Remittance



A portion of this payment is made from American Recovery Investment Act funds. Go to <http://recovery.mt.gov> to follow how we are reinvesting and rebuilding Montana with funding from the Recovery and Reinvestment Act.

Report files will be stored for 90 days, after which time they will be deleted from the Web Portal.

Payment Date	File Name	File Size	Download Speed
08/19/2013	08192013_1013030162_01.pdf	29,703 bytes	Calculate
08/12/2013	08122013_1013030162_01.pdf	20,039 bytes	Calculate
08/05/2013	08052013_1013030162_01.pdf	20,039 bytes	Calculate
07/29/2013	07292013_1013030162_01.pdf	49,031 bytes	Calculate
07/22/2013	07222013_1013030162_01.pdf	39,367 bytes	Calculate
07/08/2013	07082013_1013030162_01.pdf	29,703 bytes	Calculate
07/01/2013	07012013_1013030162_01.pdf	29,703 bytes	Calculate
06/24/2013	06242013_1013030162_01.pdf	29,703 bytes	Calculate
06/17/2013	06172013_1013030162_01.pdf	29,703 bytes	Calculate
06/10/2013	06102013_1013030162_01.pdf	29,703 bytes	Calculate
06/03/2013	06032013_1013030162_01.pdf	39,367 bytes	Calculate
05/27/2013	05272013_1013030162_01.pdf	39,367 bytes	Calculate
05/20/2013	05202013_1013030162_01.pdf	39,367 bytes	Calculate
05/13/2013	05132013_1013030162_01.pdf	39,367 bytes	Calculate

Remittance Advice

AS OF 08/22/2013

HELENA, MT 59604

REMITTANCE ADVICE FOR MEDICAID/CHIP/MHSP

VENDOR REMIT ADVICE # 236702 EFT/CHK # 7001763 DATE 08/26/2013 PAGE 1
NPI #: TAXONOMY:

- NEWSLETTER UPDATE -

THE NEW PROVIDER ENROLLMENT FORM IS NOW AVAILABLE. NO OTHER VERSION IS ACCEPTABLE. IF ANOTHER VERSION IS USED, YOUR APPLICATION WILL NOT BE PROCESSED. THE CURRENT VERSION IS AVAILABLE ON THE PROVIDER ENROLLMENT PAGE OR BY CONTACTING PROVIDER RELATIONS AT 1-800-624-3958 OR 406-442-1837

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IMPORTANT REMINDER: A PROVIDER THAT BILLS MEDICAID FOR SERVICES RENDERED TO AN ELIGIBLE MEDICAID MEMBER WILL BE DEEMED TO HAVE ACCEPTED THE PATIENT AS A MEDICAID MEMBER AND MAY NOT BILL THE MEMBER FOR THE SERVICES - 11/26/12

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PSYCHIATRIC SERVICES REPORTED WITH E/M AND PSYCHOTHERAPY ADD-ON CODES NEED TO BE SUBMITTED ON THE SAME CLAIM FOR THE SAME DATE-OF-SERVICE TO IDENTIFY THE SERVICE AS TREATMENT FOR A PSYCHIATRIC CONDITION. THESE ADD ON CODES ARE 90833, 90836 AND 90838.

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UPCOMING CHANGES TO RECEIPT OF PAPER CHECKS AND PAPER REMITTANCE ADVICES MAY AFFECT YOU! WATCH FOR FURTHER DETAILS IN THE RA BANNER, IN UPCOMING PROVIDER NOTICES, AND IN THE CLAIM JUMPER. THE FALL PROVIDER TRAINING WILL ALSO INCLUDE A SESSION ON THIS TOPIC.
POSTED 7/31/13

Remittance Advice

AS OF 08/22/2013

HELENA, MT 59604

REMITTANCE ADVICE FOR MEDICAID/CHIP/MHSP

VENDOR REMIT ADVICE # 236702 EFT/CHK # 7001763 DATE 08/26/2013 PAGE 3
NPI #: TAXONOMY:

RECIP ID	NAME	SERVICE FROM	DATES TO	UNIT OF SVC	PROCEDURE REVENUE NDC	TOTAL CHARGES	ALLOWED	CO-PAY	REASON & REMARK CODES
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CLAIMS PENDING: MISCELLANEOUS CLAIM

RECIPIENT NAME	08072013	08072013	1.000	99203	185.58	0.00	133
ICN 2132260025500132	PATIENT NUMBER=	XXXXXXX					

XXXXXXX PROVIDER NAME

CLAIMS PENDING TOTALS -MISCELLANEOUS CLAIM **NUMBER OF CLAIMS- 1 185.58 0.00

TOTAL WARRANT AMOUNT 104.76

*****THE FOLLOWING IS A DESCRIPTION OF THE REASON/REMARK CODES THAT APPEAR ABOVE *****

N286 MISSING/INCOMPLETE/INVALID REFERRING PROVIDER PRIMARY IDENTIFIER.
133 THE DISPOSITION OF THIS CLAIM/SERVICE IS PENDING FURTHER REVIEW.
15 THE AUTHORIZATION NUMBER IS MISSING, INVALID, OR DOES NOT APPLY TO THE
BILLED SERVICES OR PROVIDER.

Remittance Advice

- Available every Tuesday
 - Through Web Portal or 835 transaction
- Grouped by claim status and claim type
- Tips
 - Work all denials before resubmitting
 - Do not post payments for a credit balance
 - Do not resubmit pending claims

Provider Relations Contact Info

Manager:

Barbara Kamerzel, 406-457-9559

Field Representatives:

Danielle Wood, 406-457-9553

Brandi Weltz, 406-457-9598

Provider Relations Call Center

800-624-3958

8:00 a.m.–5:00 p.m. Mountain Time, Monday–Friday